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PTO/SB/21 (09-04)
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/488,614
		Filing Date	January 20, 2000
		First Named Inventor	Getsin
		Art Unit	2617
		Examiner Name	Ma
Total Number of Pages in This Submission	4*	Attorney Docket Number	68623.7236

ENCLOSURES <i>(Check all that apply)</i>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return postcard to applicant's attorney Publication
Remarks		
*Exclusive of publication		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	FITCH, EVEN, TABIN & FLANNERY	
Signature		
Printed name	Julie A. Hopper	
Date	August 31, 2005	Reg. No. 50,869

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Signature		
Typed or printed name	Julie A. Hopper	Date August 31, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Getsin

Appl. No.: 09/488,614

Filed: 1/20/2000

Title: System, method and article of manufacture for a scheduler component in a multimedia synchronization framework

Attorney Docket No.: 68623.7236

Group Art Unit: 2617

Examiner: Ma

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT

Dear Sir:

This Information Disclosure Statement is submitted:

- under 37 CFR 1.97(b), or
(Within three months of filing national application; or date of entry of international application; or before mailing date of first office action on the merits; whichever occurs last)
- under 37 CFR 1.97(c) together with either a:
 Statement under 37 CFR 1.97(e), or
 a \$180.00 fee under 37 CFR 1.17(p), or
(After the CFR 1.97(b) time period, but before final action or notice of allowance, whichever occurs first)
- under 37 CFR 1.97(d) together with a:
 Statement under 37 CFR 1.97(e), and
 a \$180.00 fee set forth in 37 CFR 1.17(p).
(Filed after final action or notice of allowance, whichever occurs first, but before payment of the issue fee)

Applicant(s) submit herewith Form PTO/SB/08B Information Disclosure Citation listing references which applicant(s) are aware, which applicant(s) believe(s) may be material to the examination of this application and for which there may be a duty to disclose in accordance with 37 CFR 1.56.

The item listed on PTO/SB/08B is in the English language; therefore, no further explanation is required.

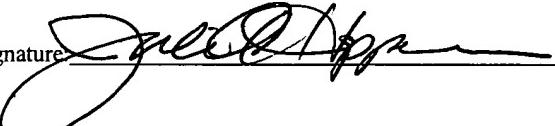
It is requested that the information disclosed herein be made of record in this application.

Respectfully submitted,

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date of Deposit: August 31, 2005

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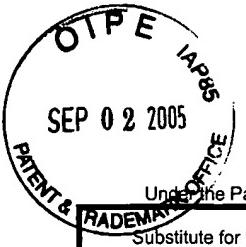
Signature: 


Julie A. Hopper

Attorney/Agent for Applicant(s)
Reg. No. 50869

Date: August 31, 2005

Telephone No.: 858-587-7649



SEP 02 2005

PTO/SB/08b (08-03)

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INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

<p>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</p> <p>(Use as many sheets as necessary)</p>				Complete if Known	
				Application Number	09/488,614
				Filing Date	1/20/2000
				First Named Inventor	Getsin
				Art Unit	2617
				Examiner Name	Ma
Sheet	1	of	1	Attorney Docket Number	

NON-PATENT LITERATURE DOCUMENTS

Examiner Signature		Date Considered	
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***EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.

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